

(IFW)

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

| | |
|----------------------|-----------------|
| Application Number | 10/791,466 |
| Filing Date | March 1, 2004 |
| First Named Inventor | Bretton Douglas |
| Art Unit | 2665 |
| Examiner Name | Jason E. Mattis |

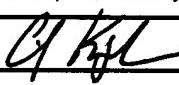
Attorney Docket Number

CISCP855

ENCLOSURES (Check all that apply)

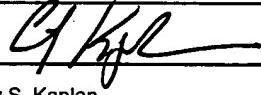
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|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Return Postcard |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |
| The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Cindy S. Kaplan, Attorney at Law | | |
| Signature |  | | |
| Printed name | Cindy S. Kaplan | | |
| Date | September 26, 2005 | Reg. No. | 40,043 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|---|------|--------------------|
| Signature |  | | |
| Typed or printed name | Cindy S. Kaplan | Date | September 26, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)
180**Complete if Known**

| | |
|----------------------|-----------------|
| Application Number | 10/791,466 |
| Filing Date | March 1, 2004 |
| First Named Inventor | Bretton Douglas |
| Examiner Name | Jason E. Mattis |
| Art Unit | 2665 |
| Attorney Docket No. | CISCP855 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-1652** Deposit Account Name: **Cindy Kaplan**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

| <u>Total Claims</u> | <u>Extra Claims</u> | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> | |
|---------------------|---------------------|-----------------|-----------------|----------------------|---------------------|-----------------|
| | <u>Fee (\$)</u> | <u>Fee (\$)</u> | | | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| 29 - 20 or HP = | 5 | x 50 | = 250 | | | |

HP = highest number of total claims paid for, if greater than 20

| <u>Indep. Claims</u> | <u>Extra Claims</u> | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
|----------------------|---------------------|-----------------|-----------------|----------------------|----------------------------------|----------------------|
| | <u>Fee (\$)</u> | <u>Fee (\$)</u> | | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 3 or HP = | | x 200 | = | | | |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = | | / 50 = (round up to a whole number) x | | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: IDS Fee 37 CFR 1.17(p) \$ 180

SUBMITTED BY

| | | | | | |
|-------------------|-----------------|--------------------------------------|--------|-----------|--------------------|
| Signature | | Registration No. (Attorney/Agent) | 40,043 | Telephone | 408-399-5608 |
| Name (Print/Type) | Cindy S. Kaplan | | | Date | September 26, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATE OF MAILING

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Signed: *C.S.K.*
Cindy S. Kaplan

Attorney Docket No. CISCP855
PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bretton Douglas et al.

Examiner: Jason E. Mattis

Application No.: 10/791,466

Group Art Unit: 2665

Filed: March 1, 2004

Title: QUALITY EVALUATION FOR
WIRELESS COMMUNICATION
NETWORKS

INFORMATION DISCLOSURE STATEMENT BEFORE MAILING DATE OF EITHER A FINAL ACTION OR NOTICE OF ALLOWANCE (37 CFR 1.97(c))

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The reference listed in the attached PTO/SB/08A, copy of which is attached, may be material to examination of the above-identified patent application. Applicants submit this reference in compliance with their duty of disclosure pursuant to 37 CFR §§1.56 and 1.97. The Examiner is requested to make this reference of official record in this application.

This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that this reference indeed constitutes prior art.

This Information Disclosure Statement is being filed after the mailing date of the first Office Action on the merits, or after three months of the filing date of this national application or the date of entry of the national stage as set forth in §1.491 in an international application, whichever event occurred last, but it is believed, before the mailing date of either (1) a final action under §1.113 or (2) a notice of allowance under §1.311, whichever occurs first.

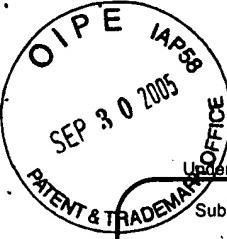
Accompanying this Information Disclosure Statement is the fee set forth in 37 CFR 1.17(p) for submission of an information disclosure statement under §1.97(c).

If it is determined that any additional fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 50-1652 (Order No. CISCP855).

Respectfully submitted,


Cindy S. Kaplan
Registration No. 40,043

P.O. Box 2448
Saratoga, CA 95070
(408) 399-5608



PTO/SB/08A (07-05)

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

| Complete if Known | |
|--------------------------|-----------------|
| Application Number | 10/791,466 |
| Filing Date | March 1, 2004 |
| First Named Inventor | Bretton Douglas |
| Art Unit | 2665 |
| Examiner Name | Jason E. Mattis |
| Attorney Docket Number | CISCP855 |

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear | T ² |
|--------------------|-----------------------|---|--------------------------------|--|---|----------------|
| | | Country Code ³ Number ⁴ Kind Code ⁵ (if known) | | | | |
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|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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